



(SĬGNATURE)

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I HEREBY CERTIFY THAT THIS PAPER AND ENCLOSURES AND/OR FEE ARE BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: BOX PATENT APPLICATION, ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON D.C. 20231.

AMANDA HALE-WISENER (SENDER'S PRINTED NAME)

JC857 U.S. PT 09/645868 09/24/00

Box Patent Application Assistant Commissioner for Patents Washington, DC 20231

Enclosed for filing is a patent application under 37 CFR 1.53(b) of: Philip Orrin Wheeler entitled USING A PAPER PREVIEW IN DOCUMENT MANAGEMENT APPLICATIONS

This application is a [] continuation, [] divisional, []] continuation-in-part of	prior
application Serial No.	•			

Enclosures:

- [X] Specification (pages 1-7); claims (page 8); abstract (page 9)
- [X] 4 sheets of formal drawings
- [X] Declaration or Combined Declaration and Power of Attorney
 - [X] Newly executed
 - [] Copy from a prior application (37 CFR 1.63(d))
 - [] Incorporation by Reference--The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein
 - [] Deletion of Inventors (signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b)
- [] Power of Attorney
- [X] Assignment with cover sheet
- [] Certified copy of priority document:

[] Information Disclosure Statement with Form PTO 1449
[] Copies of references listed on attached Form PTO-1449
[] Preliminary Amendment

CLAIMS AS FILED							
For	Number Filed	Number Extra	Rate		Basic Fee \$690.00		
Total Claims	. 4-20	0	x \$ 18.00	=			
Independent Claims	1-3	0	x \$ 78.00	=			
Multiple Dependent Claim Fee			x \$260.00	=			
TOTAL FILING FEE					\$690.00		

[]	Cancel in this divisional application	n original claims	of the prior
	application Serial No.	before calculating the filing fee	. (At least one
	original independent claim must be	e retained for filing purposes.)	

- [X] A check in the amount of \$730.00 to cover [X] filing fee (\$690) and [X] assignment recordal fee (\$40) is enclosed.
- [X] Any deficiency or overpayment should be charged or credited to deposit account number 13-1703. A duplicate copy of this sheet is enclosed.

Customer No. 20575

Respectfully submitted,

MARGER JOHNSON & McCOLLOM, P.C.

Julie L. Reed

Registration No. 35,349

MARGER JOHNSON & McCOLLOM, P.C. 1030 S.W. Morrison Street Portland, OR 97205 (503) 222-3613